JCC FINANCING STATEMENT AME OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	•				
DANELLE KING 205-326-8299					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
SPIRE ALABAMA INC FORMERLY ALABAMA GAS CORPORATION 2101 6TH AVE NORTH BIRMINGHAM, AL 35203		20190415000120740 1/1 \$.00 Shelby Cnty Judge of Probate: AL 04/15/2019 10:17:33 AM FILED/CERT			
					70211
1a. INITIAL FINANCING STATEMENT FILE #		THE ABOVE SPA		S FINANCING STATEME	
20170420000134930				pe fited (for record) (or rec AL ESTATE RECORDS.	
 TERMINATION: Effectiveness of the Financing Statement in 					
3. CONTINUATION: Effectiveness of the Financing Stateme continued for the additional period provided by applicable law		rity interest(s) of the Secured f	Party auth	orizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in ite	m 7a or 7b and address of assignee in i	em 7c; and also give name of a	ssignor in	item 9.	
3. AMENDMENT (PARTY INFORMATION): This Amendmen		arty of record. Check only <u>ρη</u> υ	of these	two baxes.	
Also check one of the following three boxes and provide appropriate CHANGE name and/or address_ Give current record name in it	em 6a or 6b, also give new 🗀 ĐEI	ETE name. Give record name	ΠAS	DD name. Complete item	7a or 7b, and also
name of name change) in item 7a or 7b and/or new address of CURRENT RECORD INFORMATION:	address change) in item 7cto b	e deleted in item 6a or 6b.	.16	m 7c, also complete item	is ru-ru in apolicab
6a. ORGANIZATION'S NAME					
OR 65, INDIVIDUAL'S LAST NAME	FIRST NAME	v=m=v	MIDDLE	NAME	SUFFIX
PILGRIM	RANDALL		С		
7. CHANGED (NEW) OR ADDED INFORMATION:	<u>. </u>		<u>i </u>		
7a. ORGANIZATION'S NAME			-		
75. INDIVIDUAL'S LAST NAME	FIRST NAME	·····	MIDDLË	NAME	SUFFIX
, b. Medicione of exist in the					
c. MAILING ADDRESS	CITY			POSTAL CODE	COUNTRY
08 HORSESHOE CIR	ALABASTE		AL	35007	US
ADD'L INFO RE 17€. TYPE OF ORG ORGANIZATION	ANIZATION /f. JURISDICTION (DE ORGANIZATION	/g. ORGANiZATIONAL ID #, if any		
DEBTOR		<u> </u>		<u></u>	I NC
Describe counteral deserts or added, or give entire		ribe collateral assigned.			
				and the second of the second o	an to a Make a see
NAME OF SECURED PARTY OF RECORD AUTHORIZ	ING THIS AMENDMENT (name of a lation authorized by a Debtor, check here	essigner, if this is an Assignment In and enter name of DEBT	t), if this a OR guint	s an Amendment authorize or zing this Amendment	ed by a Debter wh
NAME OF SECURED PARTY OF RECORD AUTHORIZ adds collaboration agains the authorizing Dottor, for if this is a Termin 19a. ORGANIZATION'S NAME	ING THIS AMENDMENT (name of a lation authorized by a Debtor, check here	essigner, if this is an Assignment Earnd enter name of DEBT	t), if this a OR guind	s an Amenghient authorize or zing this Amendment	ed by a Debtor wt
	ation authorized by a Debtor, check here	e and enter name of DEBT	t), if this is OR author	or zing this Ameridment	ed by a Debtor wt

10. OPTIONAL FILER REFERENCE DATA